## CITY OF ATLANTA DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS BUREAU OF RECREATION

## Registration Form

Type of Activity:	Center:		Date:	
Type of Activity:		Child's Phone#:		
Child's Name			Sex:	
School:		D.O.B.:	Age:	Grade:
Physical and/or other l	imitations:			
Food limitations:		Allergies:	Medications:	
Physician's Name:			Phone#:	
Insurance/Medicaid:			Policy#:	
Parent/Guardian Name	e:		Parent/Guardian	ss#:
Address:		City:	State:	Zip Code:
Telephone#:		Work/Business#:		Emergency#:
Contact Person:		Relationship:		Phone #
Case Worker:			Area Office:	
	Pr	oof of Residency		
residency.	ime of registration, please pro			
Electric Bill #		4. Drivers License	#	
Gas/Water Bill #      Telephone Bill #		5. State of Georgi	a ID Card #	
5. Telephone Bill #	☐ RESIDENT	□ NON-RES	SIDENT	
		Payment		
Amount Paid:	Date of Payment:	□ Cash	□ Check	□ M.O.
Check #:	M.O. #:	Receipt #:		
Covers: 1 Child Insurance:		☐ 3 Children☐ No If yes amoun	☐ 4 Children	☐ 5 or more Children
Please make check or mor	ney order payable to : CITY OF lake sure the child's name, the n			
		ane of the center/camp	and the receipt number i	s placed on each check.
amount paid each time. M	u do not receive a receipt.	istration Agreement		s placed on each check.
amount paid each time. M Please call 817-6766 if you	u do not receive a receipt.  Reg	istration Agreement		
Please call 817-6766 if you      Fees are due at the tire     Proof of age is require	u do not receive a receipt.  Reg  ne of registration. No requests ed (birth certificate/school ID) up	ristration Agreement for registration refunds v	will be accepted after the	third week of the start date.
Please call 817-6766 if you      Fees are due at the tire     Proof of age is require     In order to secure a sl	ne of registration. No requests sed (birth certificate/school ID) up ot for a recreation program, a mi	ristration Agreement for registration refunds v oon registration. nimum of one week adv	will be accepted after the ance payment is required	third week of the start date.
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